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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: AUth. person W17-89128	3
Office Use Only	



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S. WARREN HOV 1 4 2017





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

CORPORATION SERVICE COMPANY - ROXANNE TURNER

SUBJECT: COMCAST OF COCONUT CREEK, LLC Ref. Number: W17000089128



Please give priginal submission date as file date.

We have received your document for COMCAST OF COCONUT CREEK, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 717A00022502

www.sunbiz.org

fileSecond

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	: 12000000195
REFERENCE	
AUTHORIZATION	: Sprets Ble man
COST LIMIT	
ORDER DATE · November 6 2017	

- ORDER DATE : November 6, 2017
- ORDER TIME : 12:38 PM
- ORDER NO. : 899075-010
- CUSTOMER NO: 7448070

FOREIGN FILINGS

NAME: COMCAST OF COCONUT CREEK, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED CO	DPY	
<u>XX</u>	PLAIN STAMP	ED COPY	
	CERTIFICATE	OF GOOD	STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

Comcast of Coconut Creek, LLC

SUBJECT: ___

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (_ Area Code Daytime Telephone Number Name of Contact Person STREET ADDRESS: MAILING ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$130.00 Filing Fee & □ \$125.00 Filing Fee

Certificate of Status

Certified Copy

of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Comcast of Coconut Creek, LLC

. . .

4.

Initio (Initial Antino In' Cliter, Writing D	emo adopted for the purpose of transacting busine	ous in Floride. The al	temate name must include "Limited L	isbility Company," "L.L.C." or "LLC."
Delaware		3.		
(Inrisdiction under the law of w	selt foreign limited liability company is organized	5)	(FI:I mu	iber, if applicable)
October 10, 2017				
	(Date first transacted business in Florida, it (See sections 605.0904 & 605.0905, F.S.)	f prim to registration to determine penalty) isbility)	
1701 John F. Kennedy	Boulevard	6	1701 John F. Kennedy Bo	oulevard
(Sireel Address of)		0.	(Mailing Ad	idicas)
Philadelphia, PA 1910	3		Philadelphia, PA 19103	
				<u> </u>
	s of Florida registered agent: (P.C	D. Box <u>NOT</u> e	cceptable)	NON OP
Naine:	CT Corporation System			
Office Address:	1200 S. Pine Island Road			1.4 6 K
	Plantation		, Florida <u>33324</u>	<u>a</u> l r
	(City)		(Zip or	nde) 🛒 🖓 🗘 🗘
ignated in this applica	gistered agent and to accept servi tion, I hereby accept the appointn ons of all statutes relative to the p of my position as registered age Macquel E (Registered	ment as registe	ered agent and agree to ac	t in this capacity. I further duties, and I am familiar HTTALINI
	v			
	city and address of the person(s)			
The name, title or capa Title or Capacity:	city and address of the person(s) v <u>Name and Address</u>		uthority to manage is/are; tle or Capacity:	Name and Address:
		<u>TI</u> <u>y Blvd</u> . —		Name and Address:

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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constituies a third degree felony as provided for in s.817.155, F.S.

1.ltt		
	Signature of an asthorized person	

Derek H. Squire, Vice President

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMCAST OF COCONUT CREEK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMCAST OF COCONUT CREEK, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5551083 8300 SR# 20176944251

•*.* •

Jeffrey W. Butters, Secretary of State

Authentication: 203519856 Date: 11-06-17

Page 1

You may verify this certificate online at corp.delaware.gov/authver.shtml